

SECTION 751: INSTRUCTIONS FOR COMPLETING
MOTOR VEHICLE INSURANCE DEDUCTION AUTHORIZATION, STATE ACCOUNTING FORM D-62

1. Purpose. The MOTOR VEHICLE INSURANCE DEDUCTION AUTHORIZATION, SAFORM D-62 is used to authorize the MV type of deduction of premiums required by the insurer; it is also used to cancel any previous authorizations made by SAFORM D-62.
2. Prepared By. The employee with the assistance of the insurer.
3. Frequency. Daily as required.
4. Distribution.
 - (a) Forms for new authorization must be submitted to Central Payroll, DAGS by 4:00 p.m. on the first workday of the month, if they are to be reflected in the payroll for that month. Forms for cancellations must be submitted to Central Payroll no later than 4:00 p.m. of the first workday of either pay period in a month, if they are to be reflected in that pay period.
 - (b) As forms are completed at and received from the insurer's office, they are reviewed and pre-audited by Central Payroll; sent to the data processing center; and returned to Central Payroll for verification and control filing.

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SECTION 751: INSTRUCTIONS FOR COMPLETING

MOTOR VEHICLE INSURANCE DEDUCTION AUTHORIZATION, STATE ACCOUNTING FORM D-62

ITEM NO.	DATA AND DATA INSTRUCTIONS
①	DEPARTMENT - Enter the title of the department in which the employee is employed.
②	SUBDIVISION OR SCHOOL - Enter the title of the subdivision or school in which the employee is employed.
③	FORM NO. - Form number PK1 is preprinted.
④	SOCIAL SECURITY NO. - Enter employee's social security number.
⑤	LAST NAME, FIRST NAME, MIDDLE INITIAL - Enter employee's name in the following sequence: Last name, first name, middle initial. The name must be identical with the name reflected on the EMPLOYEE'S EARNINGS AND DEDUCTIONS STATEMENT. A comma must be placed between the last name and the first name; do not use a comma elsewhere in the name.
⑥	TYPE - Assignment type code MV is preprinted.
⑦	AGENT - Enter the code assigned to the insurer.
⑧	PLAN - To be used by the insurer on an optional basis.
⑨	I.D. NO. - To be used by the insurer on an optional basis.
⑩	DEPT - Enter the one (1) character alpha code of the department in which the employee is employed.
⑪	<input type="checkbox"/> AUTHORIZE or <input type="checkbox"/> REVOKE - Enter an "X" in the appropriate box.
⑫	MY INITIAL MONTHLY DEDUCTION AMOUNT IS <input type="text"/> \$ <input type="text"/> - Enter the dollar amount that is to be deducted monthly.
⑬	Enter the payroll date when the form is to take effect.
⑭	The date signed and the signature of the employee.
⑮	Enter the agent's name, address and zip code. The date signed and the authorized signature.

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EXHIBIT A: SAMPLE FORM KEYED TO INSTRUCTIONS FOR SAFORM D-62

PACIFIC BUSINESS FORMS (808) 597-1717

**FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY
(USE TYPEWRITER, OR PRINT WITH BALL POINT PEN WITH HEAVY IMPRESSION)**

STATE OF HAWAII

MOTOR VEHICLE INSURANCE DEDUCTION AUTHORIZATION

Department ①			Sub-Division or School ②						
Form No. 1-4 PKI ③	Social Security No. 5-14 ④	Last Name, First Name, Middle Initial 15-36 ⑤	Type 37-38 MV ⑥	Agent 39-41 ⑦	Plan 42-44 ⑧	I.D. No. 45-52 ⑨	Dept. 53 ⑩		
<p>⑪ <input type="checkbox"/> I HEREBY AUTHORIZE MY EMPLOYER (STATE OF HAWAII) TO DEDUCT FROM ANY OF MY COMPENSATION, EACH PAYROLL PERIOD, THE PREMIUM REQUIRED BY THE INSURER FOR MY MOTOR VEHICLE INSURANCE. THIS AUTHORIZATION INCLUDES ANY PREMIUM INCREASE, DECREASE, ADJUSTMENT, OR CANCELLATION REQUIRED BY THE INSURER.</p> <p>MY INITIAL MONTHLY DEDUCTION AMOUNT IS \$ ⑫ . EFFECTIVE DATE ____ / ⑬ / ____</p> <p>⑪ <input type="checkbox"/> I HEREBY REVOKE ANY PREVIOUS AUTHORIZATION, MADE BY THIS FORM, TO DEDUCT MOTOR VEHICLE INSURANCE PREMIUMS FROM MY COMPENSATION FROM THE STATE OF HAWAII.</p>									
<div style="text-align: center; border-top: 1px solid black; margin-top: 10px;">⑭</div>			<div style="text-align: center; border-top: 1px solid black; margin-top: 10px;">⑮</div>						
Date _____ Employee's Signature _____			Date _____ Authorization Signature _____						
STATE COMPTROLLER (CENTRAL PAYROLL)									

State Accounting Form D-62
JULY 1, 1994 (REVISED)

September 1, 1995

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EXHIBIT B: FILLED-OUT SAMPLE OF SAFORM D-62

PACIFIC BUSINESS FORMS (808) 597-1717

FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY
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STATE OF HAWAII

MOTOR VEHICLE INSURANCE DEDUCTION AUTHORIZATION

Department

Accounting & General Services

Sub-Division or School

Accounting Division, Pre-Audit Branch

Form No. 1-4 PKI	Social Security No. 5-14	Last Name, First Name, Middle Initial 15-36	Type 37-38 MV	Agent 39-41 762	Plan 42-44	I.D. No. 45-52 00008123	Dept. 53 M
	575 22 1234	JONES, JAMES O.					

☒ I HEREBY AUTHORIZE MY EMPLOYER (STATE OF HAWAII) TO DEDUCT FROM ANY OF MY COMPENSATION, EACH PAYROLL PERIOD, THE PREMIUM REQUIRED BY THE INSURER FOR MY MOTOR VEHICLE INSURANCE. THIS AUTHORIZATION INCLUDES ANY PREMIUM INCREASE, DECREASE, ADJUSTMENT, OR CANCELLATION REQUIRED BY THE INSURER.

MY INITIAL MONTHLY DEDUCTION AMOUNT IS \$ 12.00 EFFECTIVE DATE 08 / 15 / 94

☐ I HEREBY REVOKE ANY PREVIOUS AUTHORIZATION, MADE BY THIS FORM, TO DEDUCT MOTOR VEHICLE INSURANCE PREMIUMS FROM MY COMPENSATION FROM THE STATE OF HAWAII.

Print or Type Agent's Name and Address (include Zip Code)

Great Insurance Company
2234 King Street, Honolulu, HI 96814

08/04/94

Date

James O. Jones

Employee's Signature

08/04/94

Date

Alfred Newman

Authorization Signature

STATE COMPTROLLER (CENTRAL PAYROLL)

State Accounting Form D-62
JULY 1, 1994 (REVISED)

September 1, 1995